

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	11	↔				
TOTAL CLAIMS	12	↔	↔	↔	↔	↔

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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TOTAL IND.												
TOTAL DEP.		↔										
TOTAL CLAIMS		↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔